

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILE
SECRETARY
DIVISION OF CORPORATIONS

02 NOV 26 PM 4:50

12/2

1. DOCUMENT # L01000016495

Name and Mailing Address

0007393 01 FP 0.352 **PRSR T3 0 0615 32425-316488



LITTEST ANGELS EARLY LEARNING CENTER, L.L.C.
1488 DAISY LANE
BONIFAY FL 32425-3164

800009228178
11/26/02--01079--001 **150.00



REINSTATEMENT

2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 504 W. INDIANA BONIFAY FL 32425		5. Date Organized or Qualified To Do Business in Florida 09/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3746572	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent LEE, FRANCES M 1488 DAISY LANE BONIFAY FL 32425		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Frances M. Lee</i> Date 11/25/02 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEE, FRANCES M	1488 DAISY LANE	BONIFAY FL 32425

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Frances M. Lee* Date 11/25/02 Daytime Phone # 547-2279

Typed or printed name of signing Managing Member/Manager